

# 335 POSTPARTUM AFTER CESAREAN SECTION

\*\*\*ALL ORDERS ARE INACTIVE UNLESS CHECKED; ALL BLANK OR CROSSED - OUT ORDERS ARE INACTIVE \*\*\*

## DIAGNOSIS / PROCEDURE

☒ Delivery of baby per cesarean section

☐

## ALLERGIES

☒ Discontinue all previous orders

## ADMISSION STATUS

☒ Inpatient admission status

## PATIENT REQUIRES

☒ Postpartum unit

## VITAL SIGNS

☒ Vital signs q15 min X1 hour after delivery, then q30 min X1 hour, then q4 hr or more frequently as clinically indicated X24 hrs, then q shift if WDL

## DIET

☒ Clear liquid diet, ice chips as tolerated, then advance to regular diet

## ACTIVITY

☒ Dangle and stand and/or up to bathroom 8–12 hrs after surgery when stable

☒ Ambulate at least 4 times a day POD #1

☒ Bathroom privileges and shower when stable

☐ Bed rest with bathroom privileges

## NURSING ORDERS

☒ Ice pack to breasts PRN if not breast feeding

☒ Snug-fitting bra to be worn PRN if not breast feeding

☒ Lanolin to nipples PRN if breastfeeding

☒ Firm fundal massage and assessment of fundus, lochia and clots q15 min X1 hr after delivery, then q30 min X1 hr, then q4 hr or more frequently as clinically indicated X12 hrs, then q shift if WDL

☒ I&O q shift until IV dc'd

☐ Daily weights

☒ Dc Foley catheter 12–24 hrs post-op

☒ Bladder scan if unable to void after 6 hrs

☒ May straight cath if residual >200 ml

☒ May straight cath q2 hr PRN

☒ Place Foley if straight cath X3; notify MD

☒ Notify MD if fundal massage, pitocin or other uterotonic medications do not resolve boggy uterus, increased bleeding and increased clots

## DVT PROPHYLAXIS ♦

☐ Sequential stockings; dc when ambulating

☐ Graduated elastic stockings

## RESPIRATORY

☐ Respiratory protocol

☒ Incentive spirometry with teaching q2 hr while awake

☒ Incentive spirometry with teaching q4 hr while sleeping

## IV FLUIDS

☒ Continue mainline IV of lactated ringers at 100 ml/hr/pump while oxytocin infusing

☒ Increase mainline IV rate of Lactated ringers to 125 ml/hr/pump when oxytocin discontinued if patient still requires IV fluids

☒ May increase per MD order as clinically indicated

☒ May saline lock after second bag of oxytocin infused if pt afebrile, fundus firm, flow light to moderate, no clots, and taking PO fluids well

☒ May dc saline lock 24 hr post-op if patient afebrile, fundus firm, and taking PO fluids well unless otherwise ordered by MD

## LABORATORY

☒ CBC without differential in a.m. if at least 8 hr post-op

☐ CBC without differential 12 hr post-op

☐ CBC without differential 24 hr post-op

☒ RHHDN/RHOGAM if mother is Rh-negative, to be ordered by postpartum nurse caring for mother

## BLOOD BANK

☒ Rho (D) immune globulin (RHOGAM) if mother is Rh-negative and baby is Rh-positive

•**Attention:** if product is not necessary according to blood bank it is to be cancelled by blood bank

## MEDICATIONS

☒ Max dose of acetaminophen not to exceed 3.2 g/24h

☒ Patient to come from PACU with written postpartum orders for oxytocin; request orders from Anesthesiology if needed

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## *oxytocin*

- ☐ Continue 15 units in 250 ml NS at 50 ml/hr/infusion pump, secondary line, until 2 bags minimum have infused and fundus firm and flow light to moderate without clots
- ☐ Infuse at 350 ml/hr/infusion pump and notify MD promptly if bleeding persists despite fundal massage

## **FOR EXCESSIVE BLEEDING**

### *methylergonovine (METHERGINE)*

- ☐ 0.2 mg IM once PRN if excessive bleeding and maternal BP <140/90; contraindicated if history of hypertension or pre-eclampsia, even if normotensive now; notify MD

### *carboprost (HEMABATE)*

- ☐ 250 mcg IM once PRN if excessive bleeding, unless asthmatic; notify MD

### *misoprostol (CYTOTEC)*

- ☐ 600 mcg PR once PRN only for uterine hemorrhage; notify MD
- ☐ 800 mcg PR once PRN only for uterine hemorrhage; notify MD
- ☐ 1000 mcg PR once PRN only for uterine hemorrhage; notify MD

## **ANTICOAGULATION / DVT PROPHYLAXIS •**

### *heparin*

- ☐ 5,000 unit subq q8 hr
- ☐ 5,000 unit subq q12 hr

### *enoxaparin (LOVENOX)*

- ☐ 40 mg subq once daily
- ☐ 30 mg subq twice a day

## **ANALGESICS**

### *ketorolac (TORADOL)*

- ☐ 30 mg IV/IM q6 hr X24 hr scheduled; hold for urine output <30 ml/hr \*\*\***NOTE: do not order PRN ketorolac**\*\*\*

### *ibuprofen*

- ☐ 600 mg PO every 6 hours PRN cramping
- ☐ 800 mg PO every 8 hours PRN cramping

## **FOR MILD PAIN (PAIN SCALE 1-3)**

### *acetaminophen (TYLENOL)*

- ☐ 325 mg PO every 4 hours PRN mild pain

## **FOR MODERATE PAIN (PAIN SCALE 4-6)**

### *acetaminophen (TYLENOL)*

- ☐ 650 mg PO every 4 hours PRN moderate pain

**or**

### *oxycodone-acetaminophen 5-325 (PERCOCET)*

- ☐ 1 tablet PO every 4 hours PRN moderate pain; if acetaminophen ineffective

**or**

### *hydrocodone-acetaminophen 5-500 (VICODIN)*

- ☐ 1 tablet PO every 4 hours PRN moderate pain if allergic/unable to tolerate oxycodone; or if acetaminophen ineffective

### *morphine sulfate*

- ☐ 5 mg IM q3 hr PRN no relief with PO meds or unable to take PO meds

### *ketorolac (TORADOL)*

- ☐ 30 mg IV q6 hr X24 hr PRN moderate pain

## **FOR SEVERE PAIN (PAIN SCALE 7-10)**

### *oxycodone-acetaminophen 5-325 (PERCOCET)*

- ☐ 2 tablets PO every 4 hours PRN severe pain

### *hydrocodone-acetaminophen 5-500 (VICODIN)*

- ☐ 2 tablets PO every 4 hours PRN severe pain if allergic/unable to tolerate oxycodone

### *morphine sulfate*

- ☐ 10 mg IM q3 hr PRN no relief with PO meds or unable to take PO meds

### *buprenorphine (BUPRENEX)*

- ☐ 0.3 mg IM every 4 hours PRN severe pain

### *ketorolac (TORADOL)*

- ☐ 30 mg IV q6 hr X24 hr PRN severe pain

## **ANTIEMETICS (CHOOSE ONLY ONE)**

### *ondansetron (ZOFTRAN)*

- ☐ 4 mg IV every 6 hours PRN nausea/vomiting

### *metoclopramide (REGLAN)*

- ☐ 10 mg IV every 6 hours PRN nausea/vomiting

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## LAXATIVES

*docusate sodium (COLACE)*

☐ 100 mg PO 2 times a day PRN constipation

*bisacodyl (DULCOLAX)*

☐ 10 mg suppos PR once PRN constipation

*glycerin rectal suppository*

☐ Daily PRN if COLACE ineffective

## ANCILLARY MEDICATIONS

☒ Tdap screening and immunization with consent☒ PPV/flu screening and immunization with consent☒ MMR screening and immunization with consent

*simethicone (MYLICON)*

☐ 80 mg PO 4 times a day PRN abdominal distention

*prenatal multivitamin*

☐ 1 tab PO once a day

*acetaminophen*

☐ 650 mg PO q4 hr PRN fever >100.4 F

## ADDITIONAL ORDERS

[illegible]

*Diamond (♦) denotes core measure order requirement*

\*\*\*\* THE FOLLOWING IS REQUIRED \*\*\*\*

Ordering Physician Signature

Date Time